

1 copy State Supt.1 copy County Supt.1 copy School District

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Park Livingston Public Schools 0612 0613 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage #7 18 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BABMC7A7RF055305 80 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0612 0613 49.00 51.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee Signature - Chair, County Transportation Committee Date



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This form is required in accorda receives state reimbursement e								
Due Dates: All Routes			To County Supt October 1		To OPI October 15		Rate Per Mile \$1.57	
County Name			County Number District Nam		ne		Legal Entity Number	
Park			34 Livingston		n Public Schools		0612 0613	
Route #	Length	of Route (miles per day)			vice □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity
#1	80				Bus Rout	e Mileage	ay e	78
Vehicle I.D. #	Lie	cense #		□ District Owned			District Owned	
1BAALCPA81F098814	52	24				f so, Name of Owner rate per mile		
Reimbursement Distribution- Er	nter the le	egal entity				reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Le	egal Entity	,	natci	h budget! Legal Entity		Legal Entity	
0612		06	:13					
% 49.00		% 51.0	00		%		%	
PASSENGER INFORMATION	_							
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding this route		ELEMENTARY RIDERS (Grades PK-8)		_	HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER			b NUMBER		c a + b
Regular (include eligible Preschool/Kindergarten riders)								
1st Wheelchair (WC)								
2nd Wheelchair (WC)								
Additional Wheelchairs (WC)								
Non-WC IEP Lists Trans as Related Service								
TOTAL ELIGIBLE RIDERS								
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)								
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Signature - Chair, County Transport	Signature - Chair, County Transportation Committee Date							



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This form is required in accorda receives state reimbursement e							
Due Date : All Routes		To County Supt October 1		To OPI October 15		Rate Per Mile \$1.15	
County Name		County Numb	County Number District Nam		ne		Legal Entity Number
Park		34	34 Livingston		n Public Schools		0612 0613
Route #	Length of Ro	ute (miles per day)			vice □ Bus Route Mileage □ Non Bus Mileage		Rated Capacity
#6	60			Bus Rout	te Mileage	aye	54
Vehicle I.D. #	License	#	□ District Owned			District Owned	
1BAAECSA5TF068061	345				If so, Name of Owner I rate per mile		
Reimbursement Distribution- Er	nter the legal e	ntity number and pe			reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity	Legal E	Entity	must mate	ch budget! Legal Entity	,	Legal Entity	
0612		0613					
% 49.00	%	51.00		%		%	
PASSENGER INFORMATION	70	31.00		70			
Number of Preschool/Kindergar this route	Number of Preschool/Kindergarten pupils riding		ELEMENTARY RIDERS (Grades PK-8)		HIGH SCHOOL RIDERS (Grades 9-12)		TOTAL ELIGIBLE RIDERS
			a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/h							
1st Wheelchair (WC)							
2nd Wheelchair (WC)							
Additional Wheelchairs (WC)							
Non-WC IEP Lists Trans as Related							
TOTAL ELIGIBLE RIDERS							
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Signature - Chair, Board of Trustees				4.04 40019	Sy and dounty fruit	Date	
County 1 This Application for Registration					ordance with Section 2		
area assigned to it by the Count Signature - Chair, County Transports	ty Transportation					Date	,
and							



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Due Date All Routes	To County Supt October 1		To OPI October 15	I	Rate Per Mile \$1.57	
County Name		County Number District Nan		ne		Legal Entity Number
Park		34	Livingsto	Livingston Public Schools		0612 0613
Route #	Length of Route			Type of Service □ Bus Route Mi		Rated Capacity
#3	122		Due Deute N		age	78
Vehicle I.D. #	License #		· ·	Bus Route Mileage 78 District Owned District Owned		
1BAALCPA22F203784	544		□ Contract -	If so, Name of Owner I rate per mile		
Reimbursement Distribution- E	nter the legal entity		of state/county		aid to each dis	strict. Note: Percentages
Legal Entity	Legal Entity		atch budget! Legal Entity	,	Legal Entity	
0612		, 613	,		J	
% 49.00	% 51	.00	%		%	
PASSENGER INFORMATION		ELEMENTARY F	RIDERS	HIGH SCHOOL	RIDERS	TOTAL
Number of Preschool/Kinderga this route	rten pupils riding	(Grades PK	-8)	,	(Grades 9-12)	
		a NUMBER		b NUMBER		c a+b
Regular (include eligible Preschool/Kindergarten riders)						
1st Wheelchair (WC)						
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Non-WC IEP Lists Trans as Related						
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County	Transportation Co	ommittee Approval as r	equired in acc	ordance with Section 2	 20-10-132, MC	CA.
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Signature - Chair, County Transportation Committee. Date						



Date

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This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.80 County Name County Number District Name Legal Entity Number Park Gardiner Public Schools 0614 1191 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 49-2-7 80.8 84 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BABNBXA65F219194 temp □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 0614 1191 50.00 50.00 % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for this bus route. We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document. We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA. I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee



Date

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1 copy State Supt.1 copy County Supt.1 copy School District

Helena, MT 59620-2501

School Year 2005 - 2006

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Park Arrowhead Elementary Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 66 72 **Bus Route Mileage** Vehicle I.D. # License # **District Owned** □ District Owned □ Contract - If so, Name of Owner 1BABHC0H34F216978 448 □ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 100.00 % % % PASSENGER INFORMATION **ELEMENTARY RIDERS** HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route а С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA.

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Signature - Chair, Board of Trustees

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Signature - Chair, County Transportation Committee	Date



2nd Wheelchair (WC)

Additional Wheelchairs (WC)

TOTAL ELIGIBLE RIDERS

Nonpublic School Riders (ineligible)

Non-WC IEP Lists Trans as Related Service

Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders)

Combined School District Application for Registration of School Bus & State Reimbursement School Year 2005 - 2006

1 copy State Supt.1 copy County Supt.1 copy School District

receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.36 County Name County Number District Name Legal Entity Number Park Shields Valley Pub Schls 1227 1228 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 70.2 64 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Shield's Valley Busing 1GDJ6P1GXHV531479 BUS₂ Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1227 1228 30.00 % 70.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC)

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that

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I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee.

Signature - Chair, Board of Trustees Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

0 7 7 1	
Signature - Chair, County Transportation Committee	Date



1 copy State Supt. 1 copy County Supt. 1 copy School District

This form is required in accorda receives state reimbursement e					one form for e	ach bus route that
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Park		34	Shields V	alley Pub Schls		1227 1228
Route #	Length of Route					
6	72.8	Bus Route		□ Non Bus Mile te Mileage	age	66
Vehicle I.D. #	License #	□ District Owned			Contractor C	Dwned
1GBL7T1C6YJ515839	BUS6	□ Contract - If so, Name of Own			Shield's Valley Busing	
			□ Contracted			
Reimbursement Distribution- Er	iter the legal entity		e of state/county atch budget!	reimbursement to be p	aid to each dis	strict. Note: Percentages
Legal Entity 1227	Legal Entity	/ 228	Legal Entity	Legal Entity		у
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PASSENGER INFORMATION						
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		a NUMBER		b NUMBER		c a + b
Regular (include eligible Preschool/h	Kindergarten riders)					
1st Wheelchair (WC)						
2nd Wheelchair (WC)						
Additional Wheelchairs (WC)						
Non-WC IEP Lists Trans as Related Service						
TOTAL ELIGIBLE RIDERS						
Ineligible Public School Riders (i.e., under 3 miles OR						
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We hereby certify that this bus wi						
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the school boards of both districts shade understand route changes of	nall be attached to the	county superintendent's c	opy of this docume	ent.		
accordance with 20-10-132, MCA.						
I certify that this application for I bus operates on the route as ap	•			•	•	•
Signature - Chair, Board of Trustees			<u></u>	Date		
Country	Transportation Ca	ammittae Approval as	roquirod in acc	ordance with Section 2	20_10_122	·Λ
This Application for Registration	of School Bus and	d State Reimbursement	•		•	
area assigned to it by the Count Signature - Chair, County Transports		committee.			Date	



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Linda McCulloch, Superintendent

This form is required in accordance with Title 20, Chapter 10, Part 1, MCA. School district official must complete one form for each bus route that receives state reimbursement even though transportees of another legal entity may utilize the services. Rate Per Mile **Due Dates: To County Supt** October 15 All Routes October 1 \$1.57 County Name County Number District Name Legal Entity Number Park Shields Valley Pub Schls 1227 1228 Route # Length of Route (miles per day) Type of Service □ Bus Route Mileage Rated Capacity □ Non Bus Mileage 83.4 70 **Bus Route Mileage** Vehicle I.D. # License # Contractor Owned □ District Owned ☐ Contract - If so, Name of Owner Shield's Valley Busing 4UZAAXDC45CN93622 Bus8 Contracted rate per mile Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentages must match budget! Legal Entity Legal Entity Legal Entity Legal Entity 1227 1228 30.00 % 70.00 % % % PASSENGER INFORMATION ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL Number of Preschool/Kindergarten pupils riding (Grades PK-8) (Grades 9-12) **ELIGIBLE RIDERS** this route h С NUMBER NUMBER a + bRegular (include eligible Preschool/Kindergarten riders) 1st Wheelchair (WC) 2nd Wheelchair (WC) Additional Wheelchairs (WC) Non-WC IEP Lists Trans as Related Service **TOTAL ELIGIBLE RIDERS** Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible) **TOTAL RIDERS** We hereby certify that this bus will operate entirely on the route established by the Board of Trustees and within the transportation area assigned and approved by the County Transportation Committee. We further certify that this bus transports pupils eligible for school transportation as defined by 20-10-101, MCA. We agree to supervision of this bus and bus route by the State Superintendent; to make such reports to the State Superintendent and County Superintendent as are required, to provide a vehicle which meets the minimum standards as established by the Board of Public Education, the Montana Highway Patrol and the State Superintendent; and to provide a licensed, qualified and approved driver to operate such vehicle as required by 20-10-103, MCA. We also agree to refrain from soliciting or causing others to solicit students from other transportation areas. We understand that violations of the laws, rules or regulations governing school transportation will be sufficient cause for withholding of state and county reimbursement for We agree that if this route crosses district lines and transports students from outside the district, a copy of the agreement between Boards, 20-10-126(2) MCA, signed by the school boards of both districts shall be attached to the county superintendent's copy of this document.

We understand route changes occurring during the school year require the filing of an amended TR-1 form and approval of the County Transportation Committee in accordance with 20-10-132, MCA I certify that this application for registration of school bus and state reimbursement is true and complete to the best of my knowledge and belief, and the bus operates on the route as approved by and within the transportation service area assigned by the County Transportation Committee. Signature - Chair, Board of Trustees County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA. This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee. Signature - Chair, County Transportation Committee Date



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School Year 2005 - 2006

Due Dates: All Routes To County Supt October 1 October 1 To OPI October 15 \$1.57 County Name County Number District Name Park All Routes District Name Legal Entity Number Park Shields Valley Pub Schls 1227 1228	er				
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Park 34 Shields Vallev Pub Schls 1227 1228					
Route # Length of Route (miles per day) Type of Service Bus Route Mileage Rated Capacity					
7 58.6 Bus Route Mileage 72					
Vehicle I.D. #					
1FDPJ74N4GVA22431 US11 Contract - If so, Name of Owner Shield's Valley Busing Contracted rate per mile					
Reimbursement Distribution- Enter the legal entity number and percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district. Note: Percentage of state/county reimbursement to be paid to each district.	ntages				
Legal Entity	Legal Entity				
% 70.00					
PASSENGER INFORMATION					
Number of Preschool/Kindergarten pupils riding this route ELEMENTARY RIDERS HIGH SCHOOL RIDERS TOTAL	ERS				
a b c NUMBER NUMBER a+b					
Regular (include eligible Preschool/Kindergarten riders)					
1st Wheelchair (WC)					
2nd Wheelchair (WC)					
Additional Wheelchairs (WC)					
Non-WC IEP Lists Trans as Related Service					
TOTAL ELIGIBLE RIDERS					
Ineligible Public School Riders (i.e., under 3 miles OR nonresident and no attendance agreement that would otherwise allow nonresident riders to be eligible) (Include ineligible Preschool/Kindergarten riders) Nonpublic School Riders (ineligible)					
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	NUMBER	NUMBER	a + b
Regular (include eligible Preschool/Kindergarten riders)			
1st Wheelchair (WC)			
2nd Wheelchair (WC)			
Additional Wheelchairs (WC)			
Non-WC IEP Lists Trans as Related Service			
TOTAL ELIGIBLE RIDERS			
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TOTAL RIDERS			
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Signature - Chair, Board of Trustees

Date

County Transportation Committee Approval as required in accordance with Section 20-10-132, MCA.

This Application for Registration of School Bus and State Reimbursement has been reviewed and I certify that this bus operates within the transportation area assigned to it by the County Transportation Committee.

0 7 7 1	
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Date

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